

## Spine and Gait Screen

Name: \_\_\_\_\_ Date: \_\_\_\_\_

NFOCUS #: \_\_\_\_\_ Assessor/Title: \_\_\_\_\_

Purpose: To evaluate and mitigate the risks associated with falls, spine, and gait issues.

	Question:	Yes	No	weight
1	Individual's ability to walk has worsened in the last year? (if wheelchair-bound, answer "no")			5.40
2	Individual takes medication for blood pressure or a heart condition?			3.49
3	Individual has ongoing back spasms, back pain, or joint pain?			4.92
4	Individual uses assistive devices for mobility and/or transport? (staff assist, gait belt, walker, or wheelchair)			4.13
5	Individual is unsteady on his/her feet? (if wheelchair-bound, answer "yes")			4.92
6	Individual has a neck, spine, or trunk deformity (such as scoliosis or curvature of the spine)?			4.92
7	Individual has had a weight change of plus or minus 10% of total body weight in the last year?			0.00
8	Individual has stiffness in one or more limb? (includes contractures or arthritic stiffness of a limb)			3.34
9	Individual has had a major surgery in the last year?			3.49
10	Individual has involuntary movements that interfere with his/her activities of daily living (ADLs)?			4.13
11	Individual has a loss of muscle bulk in his/her arms or legs?			3.97
12	Individual takes 2 or more medications due to a respiratory condition such as asthma (this does not include medications being taken due to allergies)			3.49
13	Individual has problems with sleeping or takes medication(s) to aid in sleep?			2.86
14	Individual gasps for air while walking? (if wheelchair-bound, answer "no")			5.08
15	Individual is unable to hold self up or slumps over/cannot sit up without an assistive device?			5.08
16	Individual is currently taking psychiatric or seizure medication(s)?			3.49
17	Individual engages in self-injurious behaviors?			2.38
18	Individual is wheelchair-bound or routinely uses a wheelchair (if wheelchair is only used for long-distance, answer "no")			4.45
19	Individual has had a fracture of an arm bone, leg bone, ankle, foot, hip, or pelvis in the last year?			5.08
20	Individual is deaf, blind, has cataracts, or has a visual impairment or hearing impairment that is not currently being corrected (i.e. they need to wear, but refuse either hearing aids or eyeglasses)?			3.97
21	Individual's participation in activities of daily living (ADLs) has decreased in the past 6 months?			3.65
22	Individual's position in bed, chair, or wheelchair affects his/her ability to breathe or individual has a tracheostomy?			4.92
23	Individual has an abnormal gait?			0.00
24	Individual tires easily?			3.81
25	Individual has bowel or bladder incontinence?			0.00
26	Individual has fallen 3 or more times in the last 6 months?			4.61
27	Individual has had 10 or more seizures in the last year?			4.38